

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS

UNITED STATES DISTRICT COURT
NORTHERN DIST. OF TX
FEDERAL CLERK'S OFFICE
FILED

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DEPUTY CLERK PF

Paul Wipf

Plaintiff

v.

4-19CV-589-0

442

Civil Action No.

American Airlines

Defendant

COMPLAINT

See Attached

EEOC charge # 450-2017-01327

* Attach additional pages as needed.

Date

7/29/2019

Signature

Paul Wipf

Till 9/3/2019

Print Name

Paul Wipf (Mailing Address)

Current Address

Address

3712 S. Terry Ave #203

4712 Mirage Ct. #1405

City, State, Zip

Sioux Falls, SD 57106

Eubank, TX 76040

Telephone

817-691-0230

DISMISSAL AND NOTICE OF RIGHTS

To: Paul E. Wipf
4712 Mirage Ct
Apt # 1405
Euless, TX 76040

From: Dallas District Office
207 S. Houston St.
3rd Floor
Dallas, TX 75202



*On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(e))*

EEOC Charge No.

EEOC Representative

Telephone No.

450-2017-01327

Patrick W. Alexander,
Investigator

(214) 253-2881

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

- The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- Your allegations did not involve a disability as defined by the Americans With Disabilities Act.
- The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge
- The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.

On behalf of the Commission

Belinda F. McCallister,
District Director

Enclosures(s)

5/1/2019

(Date Mailed)

cc:

Karen Gillen
Associate General Counsel
American Airlines, Inc.
4333 Amon Carter Blvd.
MD5675
Fort Worth, TX 76155

ORIGINAL

EEOC Form 5 (11/09)

| | | | |
|---|--------------------------|--|--|
| CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form. | | Charge Presented To: <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC | Agency(ies) Charge No(s): 450-2017-01327 |
| Texas Workforce Commission Civil Rights Division State or local Agency, if any | | | |
| Name (indicate Mr., Ms., Mrs.) Mr. Paul E. Wipf | | Home Phone (Incl. Area Code) (817) 691-0230 | Date of Birth 1960 |
| Street Address 2311 W. Grapevine Mills Circle, Apt # 4309, Grapevine, TX 76051 | | City, State and ZIP Code | |
| Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.) | | | |
| Name AMERICAN AIRLINES INC | | No. Employees, Members 500 or More | Phone No. (Include Area Code) (817) 963-4355 |
| Street Address P. O.Box # 619616, Dfw Airport, TX 75261 | | City, State and ZIP Code | |
| RECEIVED Date: | | | |
| Name EEOC Dallas | | No. Employees, Members 2017.01.23 | |
| Street Address District Office | | City, State and ZIP Code 09.48.46 -06'00' | |
| DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify) _____ | | DATE(S) DISCRIMINATION TOOK PLACE Earliest 04-29-2016 Latest 01-23-2017 <input checked="" type="checkbox"/> CONTINUING ACTION | |
| THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): | | | |
| <p>1. PERSONAL HARM: Since April 2016 I have applied for multiple positions that I was very qualified for to include GM positions at: Louisville, Kentucky; Tucson, Arizona; (Salt Lake City, Utah; Long Beach, California were also available for this pool of candidates); Tulsa, Oklahoma; and Houston, Texas. I also applied for a CSM position in Jacksonville, Florida. I was not offered an interview for most of these positions and was not selected for any of these positions.</p> <p>2. RESPONDENT'S REASON FOR ADVERSE ACTION: I have not been given any specific reason for not being interviewed or selected for these positions.</p> <p>3. DISCRIMINATION STATEMENT: I believe that I was discriminated against because of my age- 56, in violation of the Age Discrimination in Employment Act of 1967.</p> | | | |
| I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. | | NOTARY – When necessary for State and Local Agency Requirements | |
| I declare under penalty of perjury that the above is true and correct. <i>Paul Wipf</i> Jan 23, 2017 | | I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT <i>Kelly Johnson</i> SUBSCRIBED AND SWEORN TO BEFORE ME THIS DATE (month, day, year) | |
| Date Jan 23, 2017 | Charging Party Signature | | |

CONTINUED COMPLAINT

BRIEF STATEMENTS

6/29/17 Applied and interviewed for SDF (Louisville, KY) General Manager

Candidate selected 11.5 years younger and I have 7.5 years more experience plus 11 years of General Manager experience. Candidate selected did not. One of the hiring managers called to let me know that my 11 years of General Manager was not current as it was from 1994-2002. She said two age discriminatory remarks to me. She said American is getting away from the Ole Crandall days. Meaning it was from long ago.

11/14/17 IOC Load Planning Supervisor (two positions open)

Applied and was interviewed. Hiring manager called me to say I was not selected as she wanted Instructor experience. Nowhere on job description did it say that. Both of those positions went to two people half my age, they were both 32 years old. I was age 56 at the time and they did not have near the qualifications I had.

3/19/19 Sioux Falls, SD General Manager with Envoy/American

I applied and interviewed and was told I was not selected. Candidate selected was age 29 and had 2 years of GM and I had 11 years. Plus the fact I was GM of this Sioux Falls, SD Station for 8 years from 1994-2002. Envoy is part of American and its name was changed In 2014 from American Eagle. I was also American Eagle GM in Richmond, VA so it was same company.

2005-2008 age discrimination. I would like to speak to the judge and ask him if I can add this in because it ties in with my age discrimination of GM Tucson, AZ case. I can explain all of this to the judge and see if he will make exception and allow me to enter this as part of my evidence.

JS 44 (Rev. 06/17) TXND (Rev. 06/17) CIVIL COVER SHEET
 The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I. (a) PLAINTIFFS | | DEFENDANTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(b) County of Residence of First Listed Plaintiff <u>Tarrant</u> <i>(EXCEPT IN U.S. PLAINTIFF CASES)</i></p> <p>(c) Attorneys (Firm Name, Address, and Telephone Number)</p> | | <p>County of Residence of First Listed Defendant <u>Tarrant</u> <i>(IN U.S. PLAINTIFF CASES ONLY)</i></p> <p>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.</p> <p>Attorneys (If Known)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| II. BASIS OF JURISDICTION (Place an "X" in One Box Only) | | III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 U.S. Government Plaintiff | <input checked="" type="checkbox"/> Federal Question <i>(U.S. Government Not a Party)</i> | PTF DEF Citizen of This State <input type="checkbox"/> 1 <input type="checkbox"/> 1 Incorporated or Principal Place of Business in This State | PTF DEF Citizen of This State <input type="checkbox"/> 4 <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2 U.S. Government Defendant | <input type="checkbox"/> 4 Diversity <i>(Indicate Citizenship of Parties in Item III)</i> | Citizen of Another State <input type="checkbox"/> 2 <input type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Citizen or Subject of a Foreign Country <input type="checkbox"/> 3 <input type="checkbox"/> 3 Foreign Nation | <input type="checkbox"/> 6 <input type="checkbox"/> 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV. NATURE OF SUIT (Place an "X" in One Box Only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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REQUESTED IN COMPLAINT:</td> <td colspan="2"> <input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. </td> <td>DEMAND \$</td> <td colspan="3"> CHECK YES only if demanded in complaint: JURY DEMAND: <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td colspan="2">VIII. RELATED CASE(S) IF ANY</td> <td colspan="6"> (See instructions): JUDGE DOCKET NUMBER </td> </tr> <tr> <td>DATE</td> <td colspan="7"> SIGNATURE OF ATTORNEY OF RECORD <i>Paul W. Bly</i> </td> </tr> <tr> <td colspan="8"> FOR OFFICE USE ONLY </td> </tr> <tr> <td>RECEIPT #</td> <td>AMOUNT</td> <td>APPLYING IFFP</td> <td>JUDGE</td> <td>MAG. 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| CONTRACT | TORTS | FORFEITURE/PENALTY | BANKRUPTCY | OTHER STATUTES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise | <table border="1"> <tr> <td>PERSONAL INJURY</td> <td>PERSONAL INJURY</td> <td>PERSONAL PROPERTY</td> <td>LABOR</td> <td>SOCIAL SECURITY</td> <td>FEDERAL TAX SUITS</td> <td>PROPERTY RIGHTS</td> <td>REAL PROPERTY</td> </tr> <tr> <td> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - 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| PERSONAL INJURY | PERSONAL INJURY | PERSONAL PROPERTY | LABOR | SOCIAL SECURITY | FEDERAL TAX SUITS | PROPERTY RIGHTS | REAL PROPERTY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| REAL PROPERTY | CIVIL RIGHTS | PRISONER PETITIONS | IMMIGRATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| V. ORIGIN (Place an "X" in One Box Only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VI. CAUSE OF ACTION | | Brief description of cause: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VII. REQUESTED IN COMPLAINT: | | <input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. | | DEMAND \$ | CHECK YES only if demanded in complaint: JURY DEMAND: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VIII. RELATED CASE(S) IF ANY | | (See instructions): JUDGE DOCKET NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE | SIGNATURE OF ATTORNEY OF RECORD <i>Paul W. Bly</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RECEIPT # | AMOUNT | APPLYING IFFP | JUDGE | MAG. JUDGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |